## NY MOMD State Theory of Change

#### **Key Context**

- Budget challenges in the Medicaid program (that were not there when the project started)
- First 1000 Days-Starting pilot programs with maternal mental health components
- NYC Thrive- Aligned Initiatiatives
- Maternal Mortality Initiative
- Suicide Prevention Initiatives
- Doula Pilot Program-currently in 2 counties with planned phase in down state
- NYS Maternal Depression Law implementation
- OMH Maternal Mental Health Consultation Initiative
- Post-Partum Resource Center-Appropriation funding for Maternal Depression Peer Support Program

#### Inputs

#### Stakeholder Engagement

- Voices of people with lived experience
   Convening
- Research-based in data

Technical Assistance

#### Outputs

## Strategies to advance goals

Sustainable/ Replicable Model

Creative Screening/
Implementation Tools

Trainings for agency staff

ldentify key metrics to establish baselines

Landscape analysis of maternal mental health in the state

#### Outcomes (NY MOMD)

### Asset driven interventions/services

Range of provider types engaged

Improved Policies to support screening/access to treatment

#### Better Data

- Better understanding of data and measures to view MD across agencies
- Better understanding of how to share data and measures across agencies

Better understanding and policies to strengthen the workforce to support a continuum of prevention, screening, and treatment for MD

Meaningfully engaging with lived experience

Home visiting becomes part of mental health screening process

Increased understanding of impact of disparate access to care on racial/ethnic groups

Broaden definition of maternal depression to include

- Anxiety
- Prevention
- Lifespan focus
- Child age 0-6

Change in proportion of population screened

Change in proportion of positive screens referred

### Systems that reduce stigma

Impacts

Improving how Holistic Health addressed

**Integrated Services** 

Change in Services Covered as appropriate

Diversification of providers/ Types of providers reimbursed

Equitable and accessible mental health care

- More personalized care
- Culturally effective/reflective mental health care
- No wrong door to engage

Improved patient and family perceptions of care

More women treated

 Change in number of referrals used (uptake)

#### Systems Changes

- Cross-sector Partnership
- Racial Equity and Cultural Responsiveness
- Authentic Engagement of Mothers

# Assumptions

Willingness from the state administration to approach this issue with a universal healthcare/equity lens increases the chance of success

Everybody at the table has the same basic core knowledge of maternal health/mental health